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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *NO T.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NO T.N.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> <i>I. N.</i> Examiner's Signature Initials				

**ADDRESS**

36163

**TITLE**

System and method for formatting and displaying numbers

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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